

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

195

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 36 | 2 | | 2 | | | |
| 37 | 2 | | 2 | | | |
| 38 | 2 | | 2 | | | |
| 39 | 2 | | 2 | | | |
| 40 | 2 | | 2 | | | |
| 41 | 2 | | 2 | | | |
| 42 | 2 | | 2 | | | |
| 43 | 2 | | 2 | | | |
| 44 | 1 | | 1 | | | |
| 45 | 1 | | 1 | | | |
| 46 | 1 | | 1 | | | |
| 47 | 1 | | 1 | | | |
| 48 | 1 | | 1 | | | |
| 49 | 1 | | 1 | | | |
| 50 | 1 | | 1 | | | |
| TOTAL IND. | | | 53 | | | |
| TOTAL DEP. | | | 46 | | | |
| TOTAL CLAIMS | | | 50 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |